



COLLECTION AGENCY BOND

State Form 873 (R2 / 7-96) Corporate Form 119

Approved by State Board of Accounts 1993

Bond number

VALIDATION DATES

From:

To:

This bond to be in the amount of \$5,000.00 for each office applicant which operates within the state.

Know all men by these Presents:

That _____ of
_____, County of _____, and State of Indiana, as principal,
and _____ of _____,
County of _____, and State of _____ as sureties, are held
and firmly bound to the people of the State of Indiana in the sum of FIVE THOUSAND DOLLARS (\$5,000.00) for the payment of which, well and
truly to be made, and without any relief whatsoever from valuation and appraisal laws, we bind ourselves, our heirs, executors and
administrators or assigns jointly and severally, firmly, by these presents.

The above obligation shall be conditioned upon the faithful accounting of all monies collected upon accounts and shall be continuous in form and
shall remain in full force and effect and run continuously with the license period and any renewal thereof. This bond is further conditioned upon
the provision that the licensee shall, within sixty (60) days from the date of collection of any claim, render an account of and pay to the client, for
whom collection has been made, the proceeds of such collection less the charges for collection as agreed upon by and between the licensee and
the client. Further, this bond shall be for the use and benefit of all persons damaged by the wrongful conversion of any monies by such licensee,
or his agents, and any individual so injured or aggrieved may bring an action upon this bond. The conditions of this obligation are in accordance
with Chapter 304, Acts of 1955, page 915, *et seq.*

Now if the said _____ shall faithfully and honestly observe all the
duties, terms, conditions, provisions or requirements of the law in relation thereto, and faithfully and honestly conduct said business, then this
obligation to be void; otherwise to be in full force and effect.

Witness our hands and seals this _____ day of _____, A.D., 19_____.

(Seal)

(Seal)

(Seal)

NOTARY CERTIFICATE

STATE OF _____
COUNTY OF _____ } SS:

I, _____ hereby certify that _____
and _____ who are each personally known to me to be the same persons whose names are subscribed
to the foregoing instrument, appeared before me this date in person, and acknowledge that they signed, sealed and delivered said instrument as
their free and voluntary act, for the purposes therein set forth.

Given under my hand and _____ seal, this _____ day of _____, 19_____.

Signature of Notary Public

Printed or typed name of Notary Public

County of residence

Date commission expires